

Family Survey - Early Intervention

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. You may skip any item that you feel does not apply to your family.

Use pencil only.



Fill in circle completely:
Incorrect:



Very Strongly Disagree
Strongly Disagree
Disagree
Agree
Strongly Agree
Very Strongly Agree

Family-Centered Services

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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I was asked whether I wanted help in dealing with stressful situations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I was given choices concerning my family's services and supports. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My family's daily routines were considered when planning for my child's services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have felt part of the team when meeting to discuss my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The services on our IFSP have been provided in a timely way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

My family was given information about:

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. - modifications of routines, activities, and the physical setting that would help my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. - the rights of parents regarding Early Intervention services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. - community programs that are open to all children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. - organizations that offer support for parents of children with disabilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. - how to participate in different programs and services in the community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. - opportunities for my child to play with other children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. - how to advocate for my child and my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. - who to call if I am not satisfied with the services my child receives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Someone from the Early Intervention program:

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 15. - helped me get services like child care, transportation, respite care, or food stamps. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. - helped me get in touch with other parents for help and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. - asked whether the services my family was receiving were meeting our needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. - went out into the community with me and my child to help us get involved in community activities and services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The Early Intervention service provider(s) that work with my child:

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 19. - are dependable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. - are easy for me to talk to about my child and my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. - are good at working with my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. My service coordinator is available to speak with me on a regular basis. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. My service coordinator is knowledgeable and professional. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Written information I receive is written in an understandable way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I was given information to help me prepare for my child's transition. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Version 2.0

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National Center for Special Education
Accountability Monitoring
<http://www.monitoringcenter.lsuhs.edu>



Over the past year, Early Intervention services have helped me and/or my family:

26. - participate in typical activities for children and families in my community.						
27. - know about services in the community.						
28. - improve my family's quality of life.						
29. - know where to go for support to meet my child's needs.						
30. - know where to go for support to meet my family's needs.						
31. - get the services that my child and family need.						
32. - feel more confident in my skills as a parent.						
33. - keep up friendships for my child and family.						
34. - make changes in family routines that will benefit my child with special needs.						
35. - be more effective in managing my child's behavior.						
36. - do activities that are good for my child even in times of stress.						
37. - feel that I can get the services and supports that my child and family need.						
38. - understand how the Early Intervention system works.						
39. - be able to evaluate how much progress my child is making.						
40. - feel that my child will be accepted and welcomed in the community.						
41. - feel that my family will be accepted and welcomed in the community.						
42. - communicate more effectively with the people who work with my child and family.						
43. - understand the roles of the people who work with my child and family.						
44. - know about my child's and family's rights concerning Early Intervention services.						
45. - do things with and for my child that are good for my child's development.						
46. - understand my child's special needs.						
47. - feel that my efforts are helping my child.						

<p>48. State of Residence</p> <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	<p>51. Child's Race / Ethnicity</p> <p>1 <input type="radio"/> White</p> <p>2 <input type="radio"/> Black or African-American</p> <p>3 <input type="radio"/> Hispanic or Latino</p> <p>4 <input type="radio"/> Asian or Pacific Islander</p> <p>5 <input type="radio"/> American Indian or Alaskan Native</p> <p>6 <input type="radio"/> Multi-racial</p>
<p>49. Child's Age at Time of Survey Completion</p> <p>1 <input type="radio"/> Birth to 1 year</p> <p>2 <input type="radio"/> 1 - 2 years</p> <p>3 <input type="radio"/> 2 - 3 years</p> <p>4 <input type="radio"/> Over 3 years</p> <p>50. Child's Age When First Referred to Early Intervention</p> <p>1 <input type="radio"/> Birth to 1 year</p> <p>2 <input type="radio"/> 1 - 2 years</p> <p>3 <input type="radio"/> 2 - 3 years</p>	<p><i>For Office Use Only</i></p> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 10px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>

--Thank you for your participation.--

